

# Workforce Disability Equality Standard (WDES) Report 2024-25



Pride in our care

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# 1. Introduction and Background

Welcome to our Workforce Disability Equality Standard (WDES) report that provides an overview of the data from April 2024 to March 2025 and demonstrate progress against the ten metrics specifically focused on disability equality and suggests actions to address gaps.

The Workforce Disability Equality Standard (WDES) is an annual data collection exercise which highlights the experiences of disabled colleagues compared to their non-disabled counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract.

This year's WDES report focuses primarily on workforce data collected in 2024, with direct comparisons made to 2023 to highlight year-on-year changes. In line with CPFT's ongoing commitment to recovery, inclusion, and evidence-based improvement, we have also sought, where possible, to draw comparisons across the past five years. This broader scope enables us to identify longer-term trends and emerging patterns that provide a richer understanding of the lived experience of our workforce.

As part of our continuous improvement journey, we are also working to incorporate data from national benchmarking tools such as *Model Hospital*. This will enhance our ability to compare CPFT's position locally, regionally, and nationally, and support the development of informed, meaningful action in line with our Trust values and strategic priorities.

The Workforce Disability Equality Standard (WDES) has a set of ten specific metrics which are:

- Metrics 1, 2 and 3 are Workforce related.
- Metrics 4,5,6 and 7 are taken from the Staff Survey.
- Metrics 8 taken from the staff survey but only includes staff with a disability.
- Metrics 9 taken from staff survey but relates to engagement.
- Metric 10 relates to Board Representation.


## WDES Metrics

Metric 1	Percentage of staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
Metric 2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
Metric 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure.
Metric 4	(Relates to Q14a-d in the NHS Staff Survey) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Patients/Service users, their relatives or other members of the public, Managers, Other colleagues

Metric 5	(Relates to Q15 in the NHS Staff Survey) Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
Metric 6	(Relates to Q11e in the NHS Staff Survey) Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
Metric 7	(Relates to Q4b in the NHS Staff Survey) Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
Metric 8	(Relates to Q30b in the NHS Staff Survey) Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.
Metric 9	<p>A. (Relates to the staff engagement theme of the NHS Staff Survey, made up from Q2a, Q2b, Q2c, Q3c, Q3d, Q3f, Q23a, Q23c and Q23d in the NHS Staff Survey) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>B. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard (Yes or No)? If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report.</p>
Metric 10	<p>Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> <li>• by voting and non-voting membership of the board</li> <li>• by executive and non-exec membership of the board.</li> </ul>

Cambridgeshire & Peterborough Foundation Trust (CPFT) subscribes to several initiatives aimed at addressing disability in the workplace:

	Mindful Employer - this promotes good mental health in the workplace.
	<p>CPFT has been awarded the Level 3 Disability Confident Leader status since 2024.</p> <p>The Disability Confident Scheme supports employers to support people with a disability</p>

	<p>and the talents they can bring to the workplace. At each level of the process, employers commit to take actions that will make a difference to disabled employees. As part of the accreditation process, all organisations complete a self-assessment around two themes: keeping and developing the workforce and employing people with disabilities.</p>
	<p>Wearing Two Hats (W2H) is a staff network which supports staff who have lived experience of health challenges.</p>

## 2. Summary of our progress 2024 - 2025

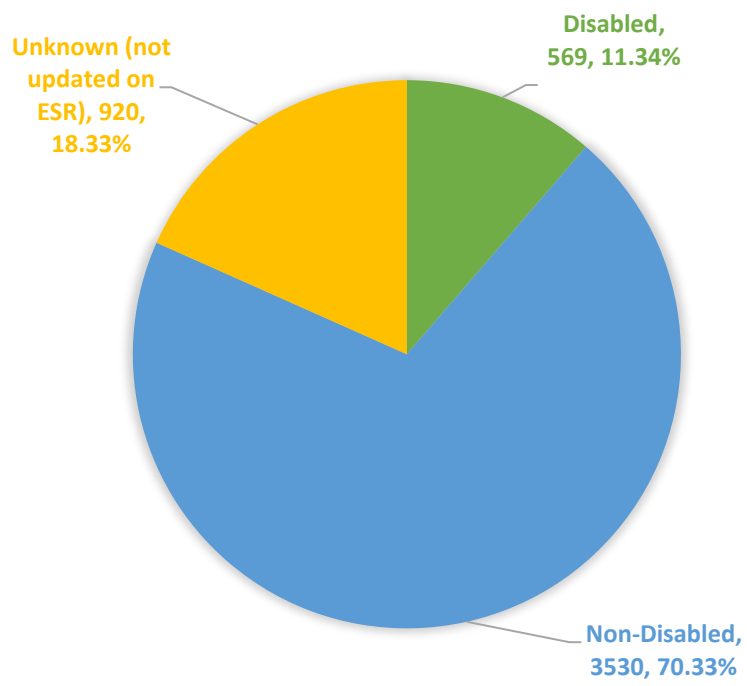
- ✓ Number of staff completing ESR disability status has improved
- ✓ Refresh and internal relaunch of all staff networks to support the ongoing connection to our workforce
- ✓ A shortlisted disabled candidate was **more likely** to be hired than a shortlisted, non-disabled candidate.
- ✓ Disabled staff are now less likely to be placed on formal capability than their non disabled colleagues.

## 3. Data Analysis

Workforce Summary: As of 31st March 2025, there were 5019 staff members employed within CPFT, of those, the proportion of staff recorded with a disability on the Electronic Staff Records system (ESR) was 569 (11.34%). This has increased from 431 last year. However, much of this increase is because the number of people whose disability status was not recorded on ESR has nearly halved, from 1608 (33.26%) to 920 (18.33%).

Out of people whose disability status was known, the change is from 12.77% in 2023-4 to 13.88% in 2024-5. However, it is unknown if this is because a greater proportion of disabled people have been hired, or because disabled people were more likely to update their status on ESR.

## WORKFORCE BY DISABILITY STATUS



## 4. Metric 1 - Workforce

Percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.

The data snapshot for this indicator is on 31<sup>st</sup> March 2025:

<b>Non-clinical</b>	<b>Disabled</b>	<b>Non-Disabled</b>	<b>Unknown</b>
Cluster 1 AFC Bands 1-4	<b>80</b> (13.7%)	<b>448</b> (76.6%)	<b>57</b> (9.7%)
Cluster 2 AFC Bands 5-7	<b>58</b> (17.0%)	<b>245</b> (71.8%)	<b>38</b> (11.1%)
Cluster 3 AFC Bands 8a and 8b	<b>18</b> (15.4%)	<b>88</b> (75.2%)	<b>11</b> (9.4%)
Cluster 4 AFC Bands 8c to VSM	<b>5</b> (11.4%)	<b>33</b> (75.0%)	<b>6</b> (13.6%)
<b>Total</b>	<b>161</b> (14.8%)	<b>814</b> (74.9%)	<b>112</b> (10.3%)
<b>Clinical</b>	<b>Disabled</b>	<b>Non-Disabled</b>	<b>Unknown</b>
Cluster 1 AFC Bands 1-4	<b>105</b> (10.4%)	<b>726</b> (72.0%)	<b>178</b> (17.6%)
Cluster 2 AFC Bands 5-7	<b>262</b> (11.0%)	<b>1623</b> (68.1%)	<b>500</b> (21.0%)
Cluster 3 AFC Bands 8a and 8b	<b>26</b> (9.8%)	<b>205</b> (77.7%)	<b>33</b> (12.5%)
Cluster 4 AFC Bands 8c to VSM	<b>1</b> (2.0%)	<b>43</b> (86.0%)	<b>6</b> (12.0%)
<b>Total</b>	<b>394</b> (10.6%)	<b>2597</b> (70.0%)	<b>717</b> (19.3%)
<b>Medical and Dental Staff</b>	<b>Disabled</b>	<b>Non-Disabled</b>	<b>Unknown</b>
Medical and Dental Staff - Consultants	<b>5</b> (4.4%)	<b>71</b> (61.7%)	<b>39</b> (33.9%)
Medical and Dental Staff - Non-consultant Career Grade	<b>3</b> (9.4%)	<b>20</b> (62.5%)	<b>9</b> (28.1%)
Medical and Dental Staff - Medical and Dental Trainee Grade	<b>3</b> (4.1%)	<b>27</b> (37.0%)	<b>43</b> (58.9%)
<b>Total Medical and Dental</b>	<b>11</b> (5.0%)	<b>118</b> (53.6%)	<b>91</b> (41.4%)
<b>Total Workforce</b>	<b>569</b> (11.34%)	<b>3530</b> (70.33%)	<b>920</b> (18.33%)

**On average non-clinical staff are nearly 1.5x more likely to disclose having a disability compared to clinical staff (14.8% compared to 10.6%)**

Disclosure within non-clinical staff bands 8c and above nearly 6x more likely than their clinical counterparts (however note smaller staffing sample) 11.4% of non-clinical compared to 2% of clinical.

Clinical staff are nearly twice as likely to not have updated status on ESR (10.3% non-clinical compared to 19.3% clinical)

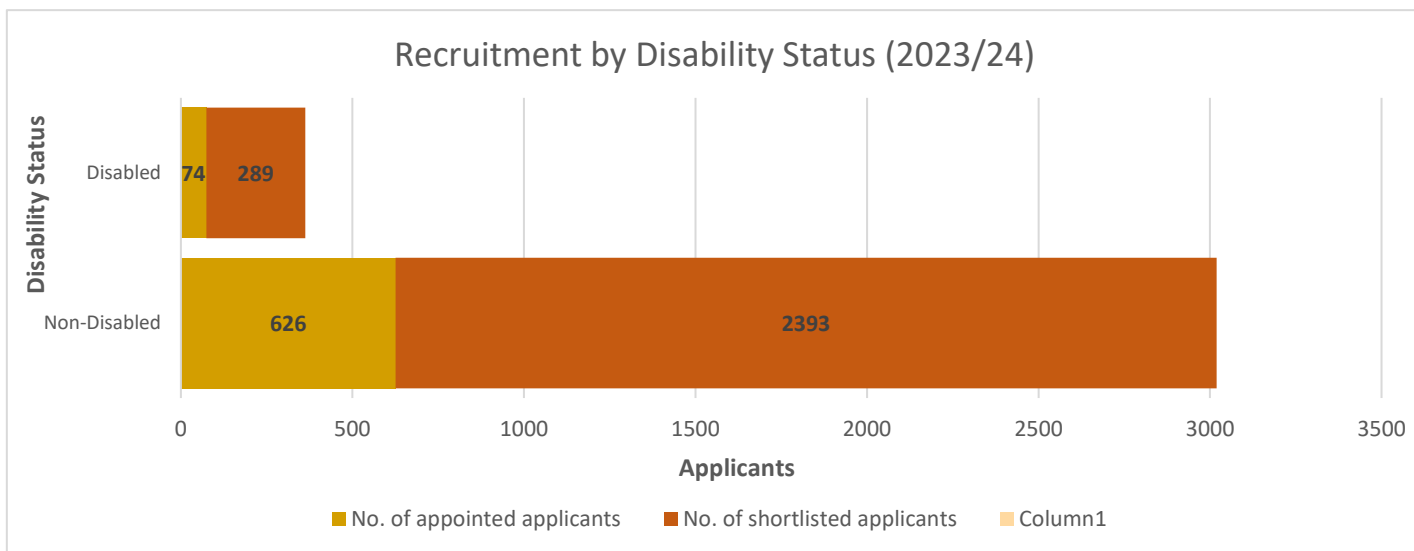
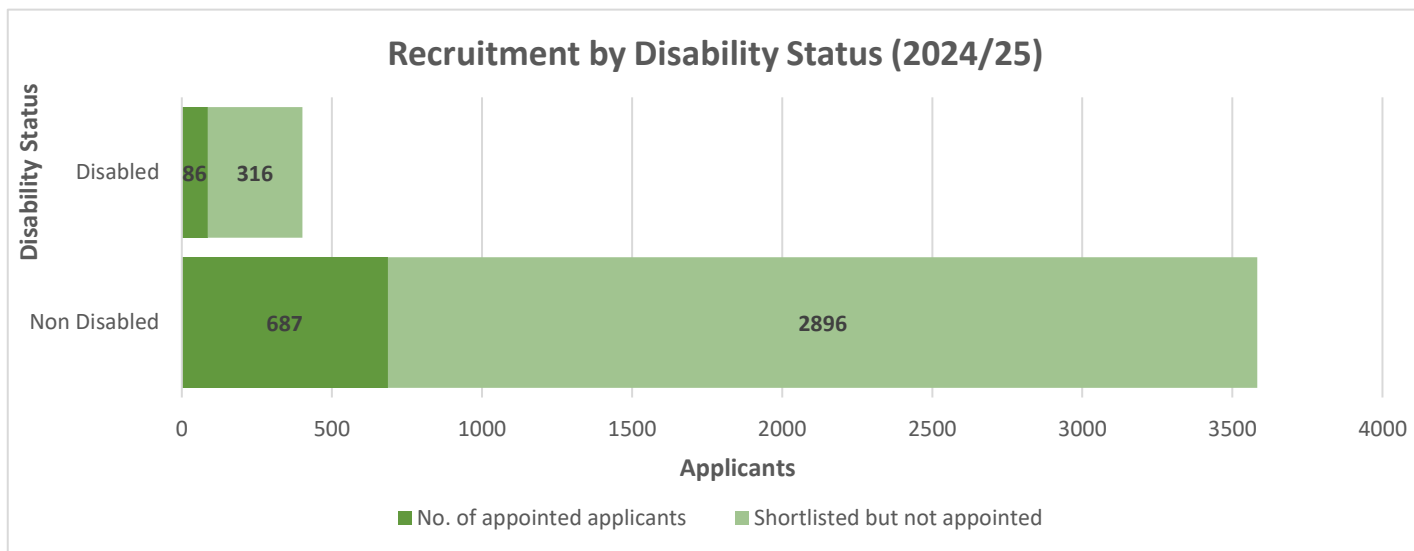
Within the Medical and Dental workforce - 41.4% of the workforce have not updated status on ESR.

## 5. Metric 2 – Recruitment

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.

There was a decrease in the proportion of shortlisted, non-disabled staff that are appointed between 2023/24 (21%) and 2024/25 (19%)

However, there was a small increase in the proportion of shortlisted, disabled staff that are appointed 2023/24 (20%) to 2024/25 (21%)



Staff	Non-Disabled Staff 2023-4	Disabled Staff 2023-4	Non-Disabled Staff 2024-5	Disabled Staff 2024-5
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff being appointed from shortlisting across all posts	$0.21/0.20 = 1.05$ <b>1.05</b> (Above 1 means non-disabled staff are more likely to be appointed)		$0.19/0.21 = 0.90$ <b>0.90</b> (below 1 means disabled staff are more likely to be appointed)	

This means in 2024-25, a shortlisted disabled candidate was **more likely** to be hired than a shortlisted, non-disabled candidate.

Possible factors influencing this may be around disabled staff feeling more confident to disclose at application stage due to Trust improving overall accessibility of adverts and condensed job descriptions and person specifications.

## 6. Metric 3 – Workforce Formal Capability Process

Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

**N.B** this information applies to capability on the grounds of **performance and not ill health**. Additionally the ‘unknown’ category has been excluded.

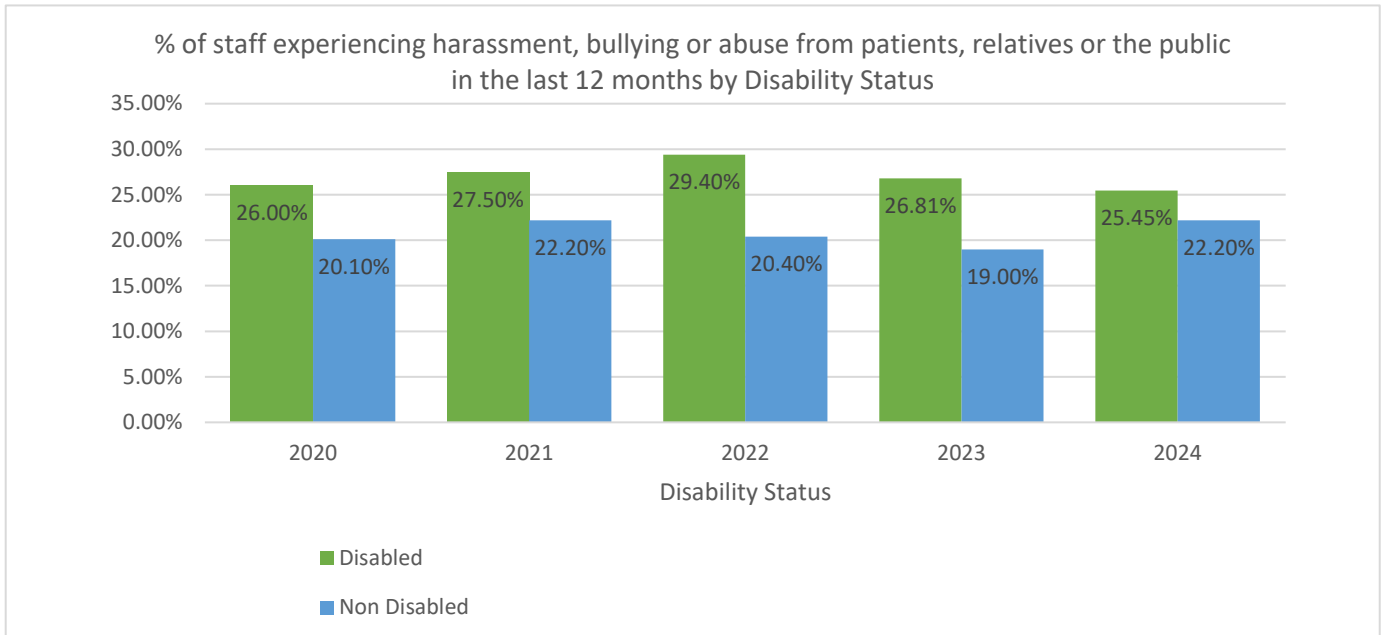
Staff	Disabled Staff 2023-24	Non-Disabled Staff 2023-24	Disabled Staff 2024-25	Non-Disabled Staff 2024-25
No. of staff in workforce	431	2945	569	3530
Average number of staff entering the formal capability process over the last 2 years for <b>any</b> reason. (i.e Total divided by 2)	1.5	2.5	15.5	33
Likelihood of staff entering formal capability process	0.003480	0.000849	0.025483	0.009438
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff	$0.003480/0.000849 =$ <b>4.099</b>		$0.025483/0.009438 =$ <b>2.725</b>	

A figure above ‘1’ indicates that Disabled staff members are more likely than non-disabled staff to enter the formal capability process.

There is a decrease from the previous year (4.099 in 23/24 to 2.725 in 24/25) however, further work and scrutiny is required to ensure the validity of the data source.

## 7. Metric 4 Staff Survey:

### Metric 4.1 – Experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months by Disability Status:

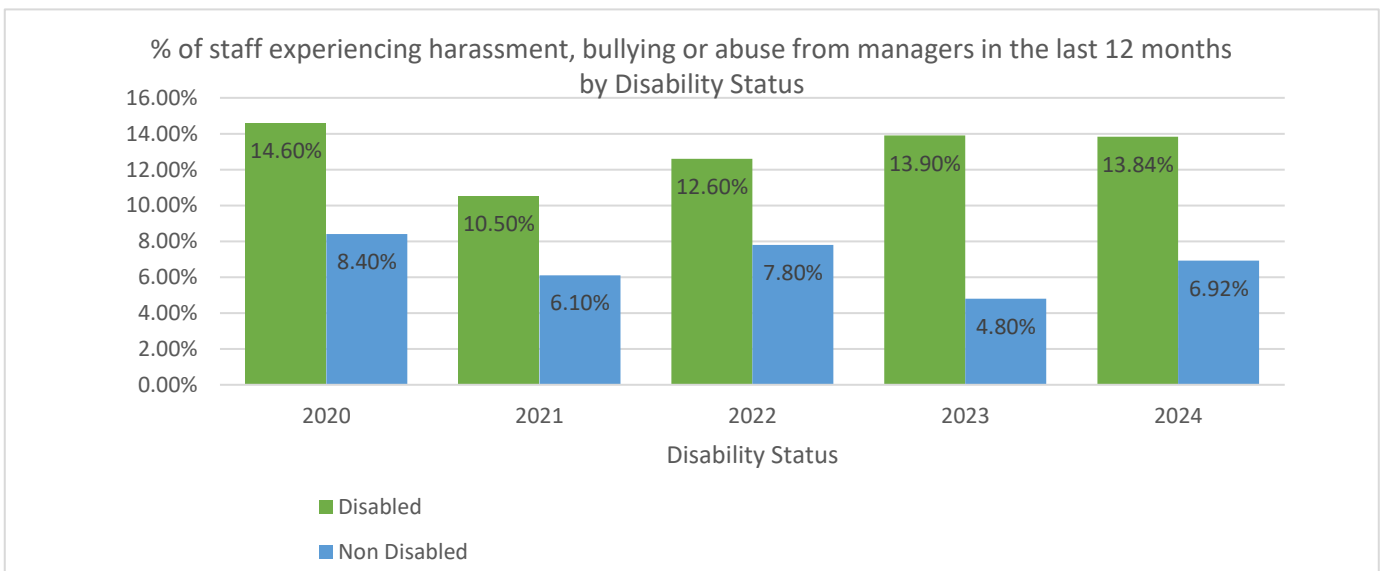


Disabled staff continue to be more likely to experience harassment, bullying or abuse from patients than non-disabled staff. However, in 2024 this data was the lowest it has been in 5 years (25.45% in 2024 compared to 29.04% in 2022).

Interestingly, the gap between non-disabled and disabled staff experiencing harassment, bullying or abuse from members of the public is the closest it has been in 5 years with just a 3.25% difference between groups.

There is a greater fluctuation in disabled staff data across the five years whereas non-disabled staff variation is smaller (highest 22.20% - lowest 19.00%) compared to highest for disabled staff (29.40% vs lowest 25.45%)

### Metric 4.2 - Experiencing harassment, bullying or abuse from managers



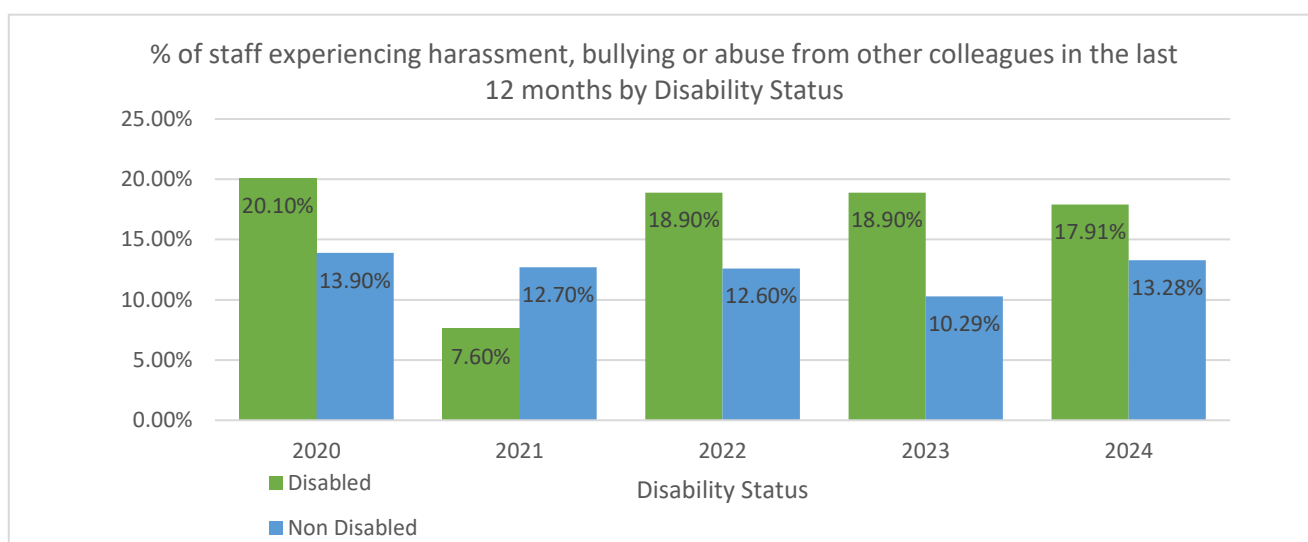
**In 2024 disabled staff were twice as likely to experience harassment, bullying or abuse from managers compared to non disabled staff.**

Just under **1 in 7 disabled staff experience** some sort of **harassment, bullying or abuse** from their **managers**.

Over 5 years there was an initial decline from 14.60% in 2020 to 10.50% in 2021. This may be linked to covid and the impact on homeworking etc. However, sadly since 2021 it has continued to increase year on year but hasn't yet reached the high of 2020 levels.

Non-disabled staff experiencing harassment, bullying or abuse from managers dropped from 8.4% in 2020 to 4.80% in 2023 but rose in 2024 to 6.92%.

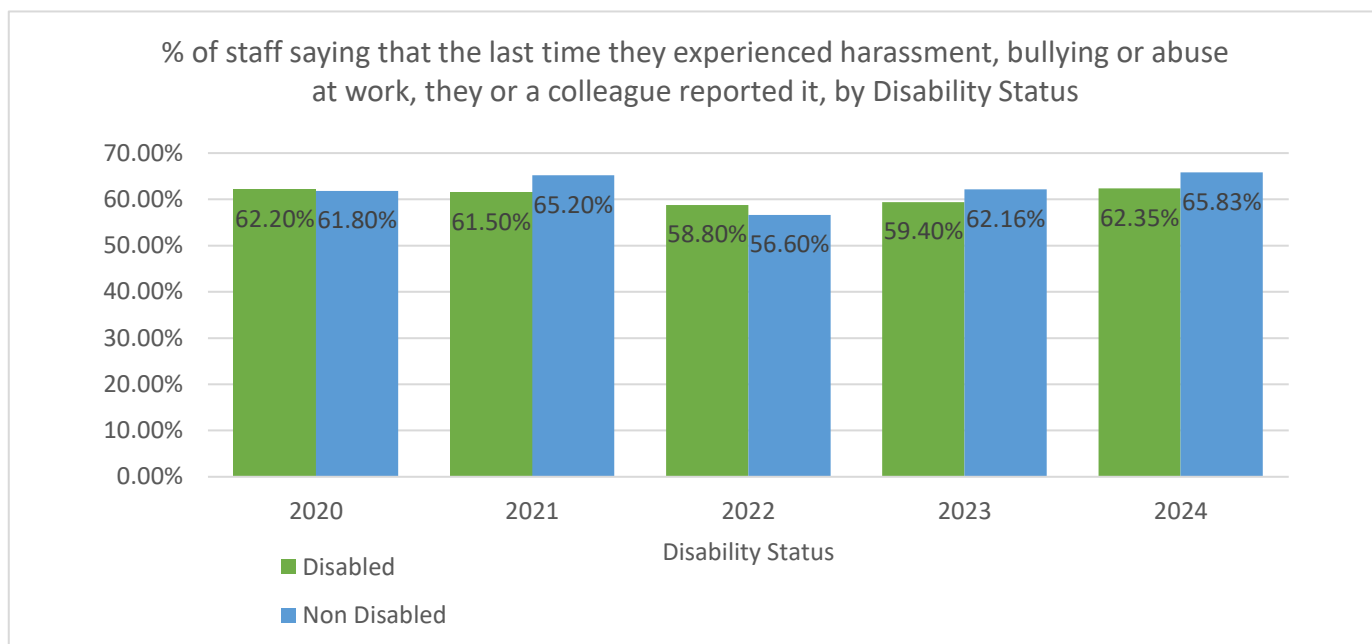
### **Metric 4.3 - Experiencing harassment, bullying or abuse from other colleagues**



Disabled staff showed a significant decline from 20.10% in 2020 to 7.60% in 2021. This however rose to 18.90% in both 2022 and 2023 and then declined in 2024 to 17.91%.

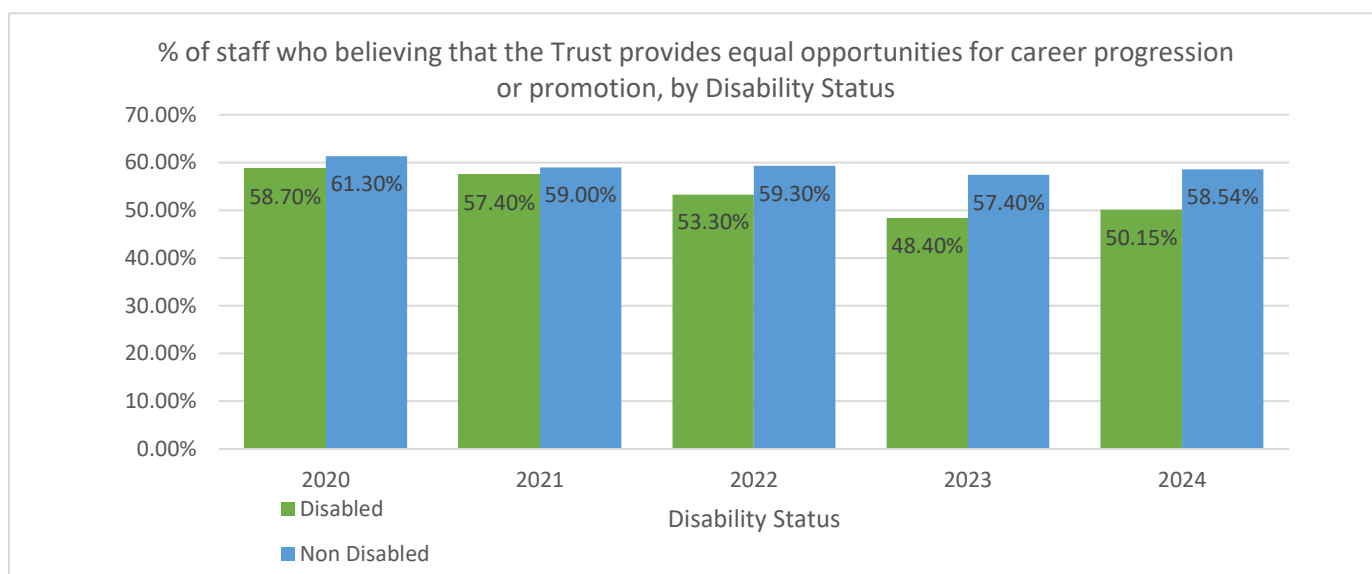
Overall, harassment, bullying or abuse from both managers and colleagues is lower in 2024 than 3 out of the 4 previous years. However, in 2021 there was a significant drop which we believe could be linked to the impact of covid on homeworking and the continued work to raise awareness within CPFT staff.

## Metric 4.4 – Reporting harassment, bullying or abuse



In 2023 and 2024 non-disabled staff were more likely to report their experiences of bullying and harassment. This fluctuates over the 5 years of data with marginal differences between disabled and non-disabled staff reporting.

## 8. Metric 5 – Career progression opportunities



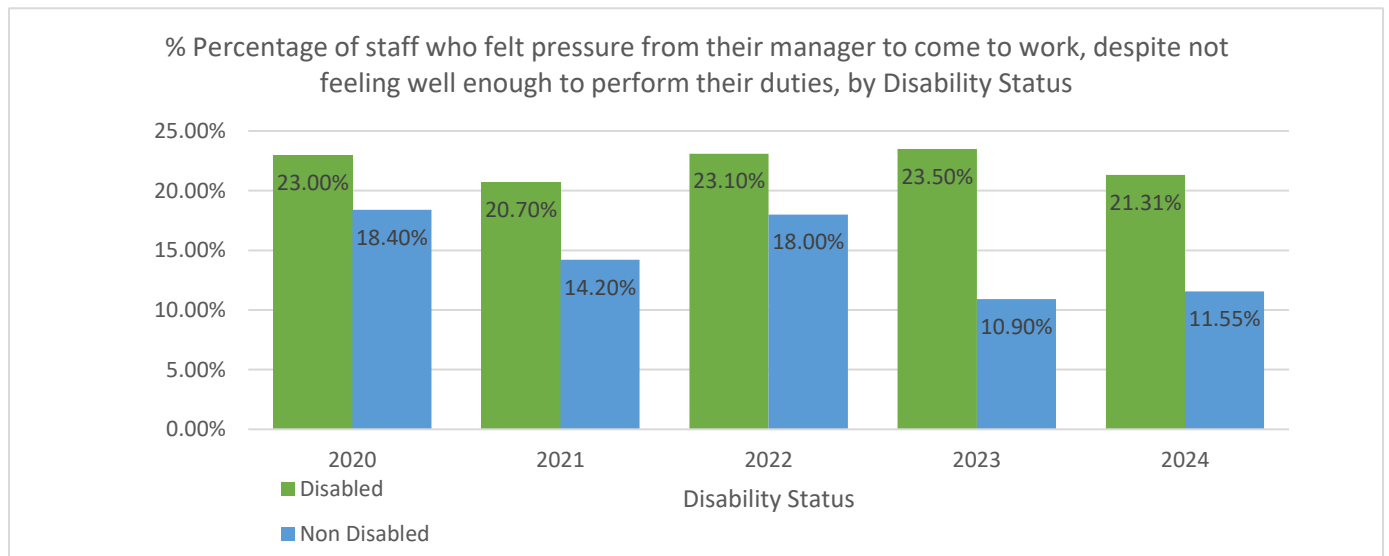
Half of disabled staff in 2024(50.15%) do not believe the Trust provides equal opportunities for career progression or promotion.

In 2023 the % of disabled staff believing in equal opportunities was at its lowest at 48.40% with a slight increase in 2024 to 50.15%.

Each year non-disabled staff believe they have better opportunities however year on (aside from 2024) this has declined.

The gap between non-disabled and disabled staff was 2.6% in 2020 however this has increased to a gap of 8.4% in 2024. The gap is widening further year by year.

## 9. Metric 6 - Pressure to return to work



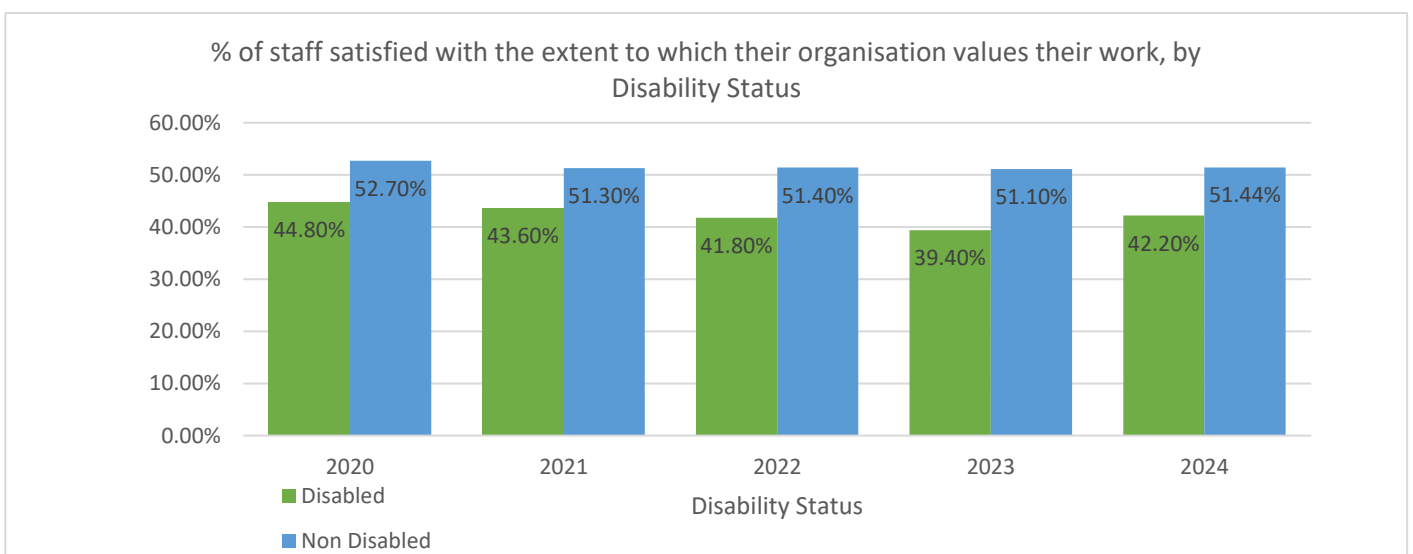
For non-disabled staff the overall trend for staff feeling pressure to return to work is dropping which is positive. However, for non-disabled staff there was a slight increase in the pressure felt to return to work between 2023 (10.90%) to 2024 (11.55%)

There is a 37% drop between 2020 and 2024 for non-disabled staff (18.40% to 11.55%).

For disabled staff there is a decrease between 2023 (23.50%) and 2024 (21.31%).

Overall, both groups show a positive trajectory of a decline in the pressure to return to work however the gap between non-disabled and disabled staff is widening.

## 10. Metric 7 - Satisfied with how the Trust values their work

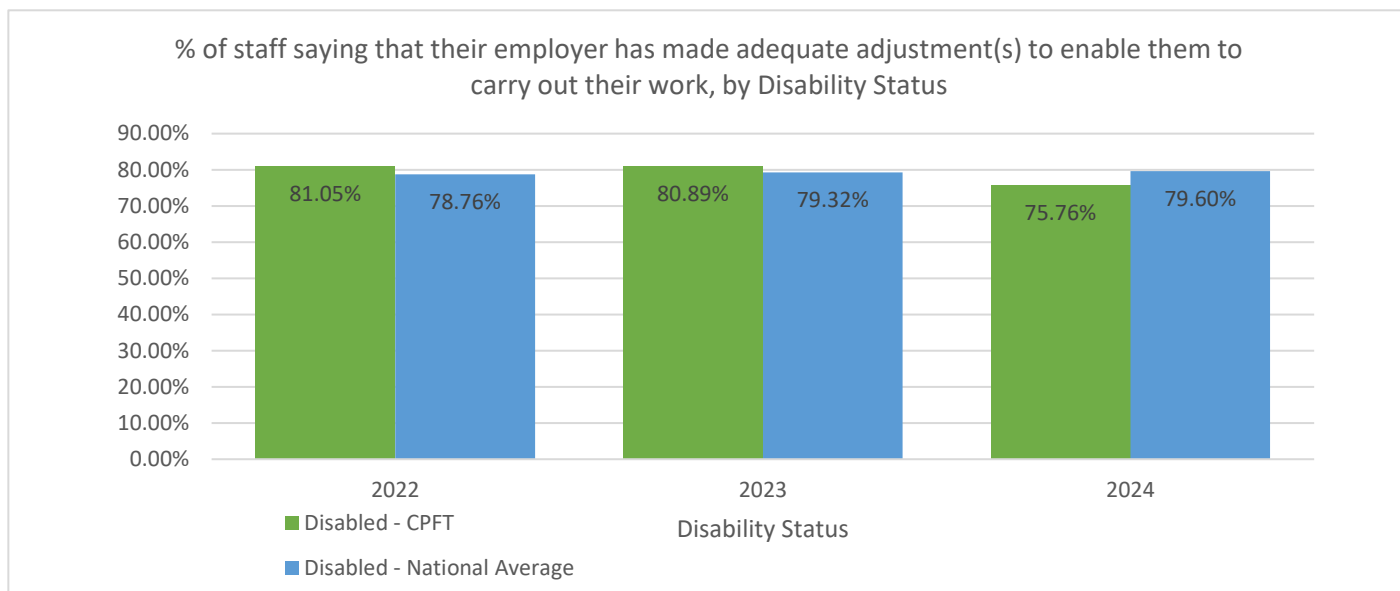


There is an increase in disabled staff feeling the Trust values their work between 2023 (39.40%) and 2024 (42.20%) however for non-disabled staff this has stayed within limited variability from 2021 (51.30%) to 2024 (51.44%).

Overall, non-disabled staff are 9% more satisfied with how CPFT values their work.

The gap between disabled staff and non-disabled staff widened between 2020 and 2023 but has closed a little in 2024.

## 11. Metric 8 - Employer has made adequate adjustments



Data for the past 3 years shows a decline in disabled staff stating that reasonable adjustments have been made within their workplace from 81.05% in 2022 to 75.76% in 2024.

However, despite the decline over three years over 75% of disabled staff do feel adjustments have been made to support them to carry out their work.

**N.B** Positively when we review this data on Model Hospital we are in the top 25% percentile.

For non-disabled staff there has been a nominal minimal increase over 3 years of staff saying their employer has made reasonable adjustments from 78.76% in 2022 to 79.60% in 2024.

## 12. Metric 9a - Engagement score

**6.59** out of **10** staff engagement score for Disabled staff, compared to non-disabled staff of **7.13** out of **10**.

This is a slight decline from last year, which was **6.70/10** for Disabled staff. This comes from the Staff Survey results.

### 13. Metric 9 (b) - Facilitate the voice of disabled staff.

Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)

**Yes**, the Trust has taken action to facilitate the voices of disabled staff and has the Wearing 2 Hats (W2H) disability staff network.




In our Trust we are committed to creating a more diverse and inclusive organisation, ensuring that we fully harness the talents of all our staff. One of the ways we have done this is to continually support the development of the W2H staff network.

The W2H staff network are like-minded colleagues from across the Trust who want to make CPFT a better place to work by improving the way we support colleagues with long-term conditions. Having been running since 2015, the group, which was highly commended at the 2016 CPFT Staff Awards, meets regularly and focuses on three key workstreams:

- Peer Support
- Anti-stigma
- Policies and Procedures

#### Staff Support with long-term conditions and disability

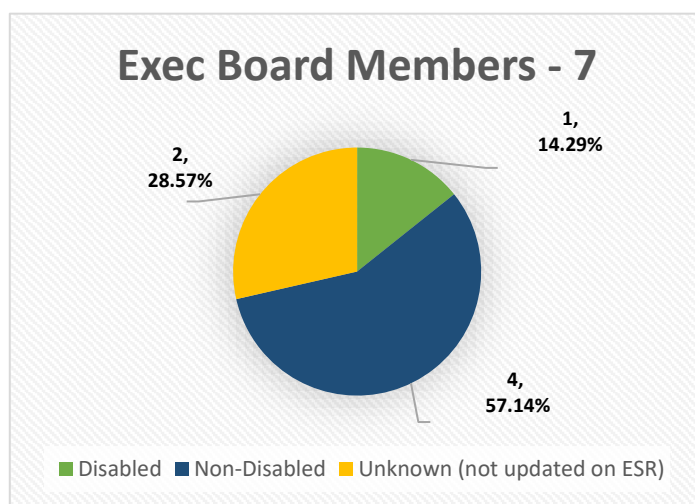
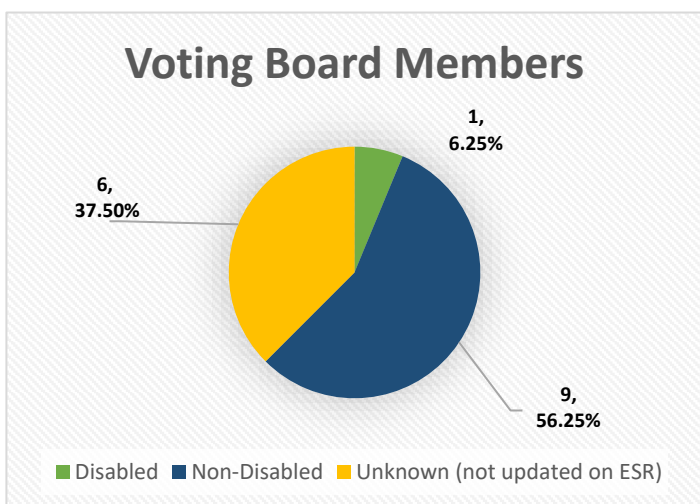
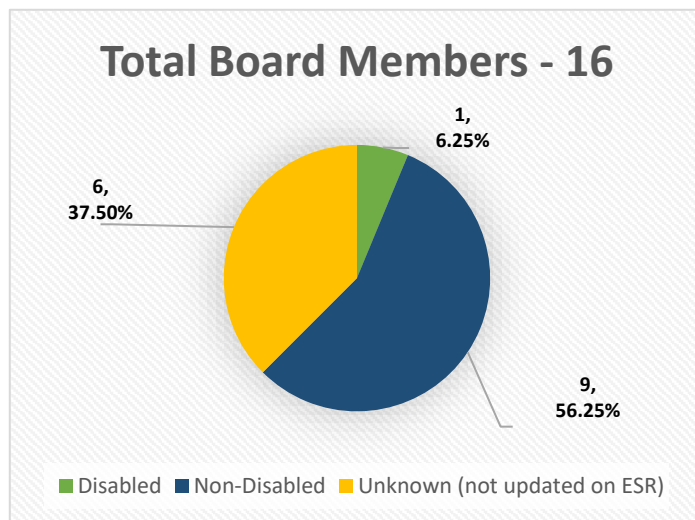
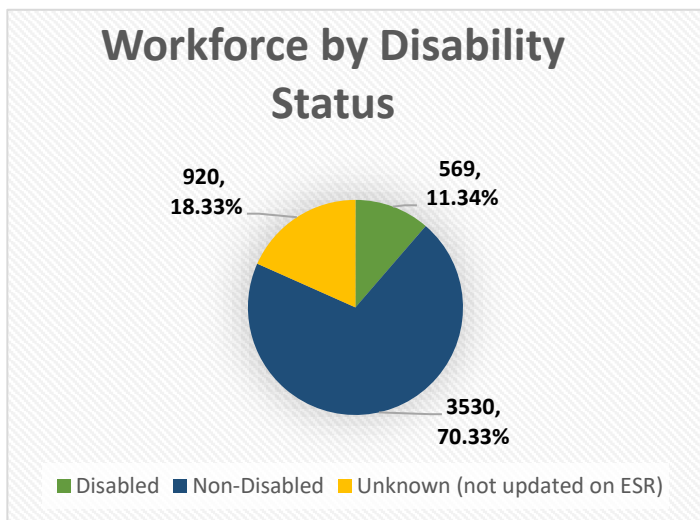
CPFT is committed to supporting employees and raising awareness amongst all employees of the moral, social, and legal obligations to make reasonable adjustments for employees in accordance with the Trust values and meeting its legislative requirements.

	<p>CPFT has signed up to both the <b>Disability Confident Scheme</b> and Mindful Employer Charter. The Disability Confident Scheme helps employers recruit and retain great people, and draw from the widest possible pool of talent, secure high-quality employees who are skilled, loyal and hardworking and improve employee morale and commitment by demonstrating that you treat all employees fairly. We are very proud that this year, the Trust achieved Level 3 Disability Confident Leader status.</p>
	<p><b>The Mindful Employer</b> Charter helps empower organisation to take a lead in supporting the mental wellbeing of our employees. The Trust's Wearing 2 Hats Group and Trade Union Representatives can also provide support and guidance for employees with a disability or a health condition.</p>
	<p><b>Staff Wellbeing Support</b> one-to-one support with managing long-term conditions including fatigue at work, reasonable adjustments, workplace assessments etc.</p>
<p><b>Guidance on the Workplace Passport</b></p>	<p>The workplace passport has been introduced to support employees with a disability or health condition to agree with their</p>

	line manager support whilst at work or not. The passport contains information on reasonable adjustments, contacts whilst on long term sickness and the impact of their disability or health condition whilst at work. The passport is owned by the employee and travels with them from job to job.
<b>Guidance on Reasonable Adjustments</b>	The guidance on reasonable adjustments provides information on different types of reasonable adjustments and how the manager and organisation can support them. It also provides information on where the manager and the employee can get support on reasonable adjustments. The guidance can be used in conjunction with the workplace passport and the Supporting Attendance Policy.
<b>Guidance on Disability Leave</b>	Disability Leave has been introduced to support employees that have declared a disability or health condition. This guidance provides information on disability leave, reasons for disability leave, an employee's entitlement and how it can be requested and recorded. There is a form for employees to request Disability Leave in the Supporting Attendance Policy.
<b>Guidance on supporting employees with Disability and Health Conditions</b>	This document provides information on how we can support employees who have declared a disability or health condition pre- or post-employment, encouraging staff to declare disabilities and health conditions, an introduction to reasonable adjustments, language/terminology, and returning to work.
<b>Menopause Group</b>	The Menopause Support Group provides support to staff experiencing the menopause (long term condition), providing a safe space to talk openly about sensitive issues, staff contribute to organisational policy development and training and link with other local networks. The menopause policy provide clarity and direction on how menopause related issues should be addressed, either for individuals experiencing the menopause, or those affected indirectly for example, partners, colleagues, or line managers.
<b>Cultural Ambassador</b>	The Trust has introduced the Cultural Ambassador programme established by the Royal College of Nursing in partnership with CPFT. The Trust has 10 trained Ambassadors (currently 4 active) to support the HR investigating teams, hearings, and/or disciplinary panels to ensure that no discrimination or bias is evident.

## 14. Metric 10 - Board Representation

Metric 10: The percentage of CPFT Board and Executive Team who classify themselves as having a disability or long-term condition.



The % of Board who disclosed a disability is 6.25% which equals one member (1 out of 16).

However, 37.5% (6 Board members) have not updated their disability status on ESR.

### For Executive Board only:

14.37% have reported being disabled which equals one member (1 out of 7).

However, 28.6% (2 Executive Board Members) have not updated their status on ESR.

### CPFT Trust Board compared to the workforce as a whole:

- 11.34% of the total workforce are disabled
- 18.33% of the total work haven't updated their ESR status
- 70.33% of the total workforce have stated they are not disabled

## 15. Conclusion

Overall, the WDES collection for 2024/25 has shown some areas of improvement. However, the data from the staff survey in particular shows there still remains a gap between the experiences of disabled colleagues compared to those without a disability.

Our key priority areas for improvements to focus on:

- Reasonable Adjustments
- Staff experience of bullying, harassment or abuse from managers and colleagues
- Career progression
- Data collection around capability

The W2H staff disability network continues to support our staff with disabilities and long-term conditions.

## Appendix 1

### Workforce Disability Equality Standard - Action Plan 2025-26

Priority Areas or Objectives	Proposed Actions	Lead/s	Timescale
<b>Data Collection</b>	Discussion on information management principles and responsibilities with HR, Recovery and Inclusion Leads, Executives and WDES/WRES Leads.	Associate Director's of Recovery and Inclusion and Informatics and Performance  Recovery and Inclusion (R & I) Lead  Human Resources  Execs	Sept 2025
	Review and propose a single contact/named person within each data collection source. This will support more accurate and reliable data from the specific data points.	Associate Director of Recovery and Inclusion	Sept 2025
	Monthly data review of the EDI scorecard on MI reports by the Recovery and Inclusion team to identify any developing trends.	R and I Leads	June 2025
	Email to all new starters following Trust Induction with link to ESR/QR code included within message for ease of completing ESR data.	L&OD/Workforce to provide email contacts	Monthly starting September 25
	Create a collection of posters/infographics that can be placed in staffrooms – engaging staff to update their ESR.	R and I Team	Sept 2025
	Screen saver for all staff linked to Workforce to include a QR code for ease of update.	Workforce, R & I Leads and Comms	Sept 2025
	Infographics/posters to be created and placed in service user waiting rooms linked to NHS Zero tolerance for bullying, harassment and abuse to staff members from service users, family members/carers, general public.	Comms and Workforce	Sept 2025

	Share WDES data with all Directorates to encourage more support for the disability agenda and for them to develop an understanding of any challenges.	R and I Lead	July 2025 and ongoing
	Create 'easy read'/infographic overview summary for WDES and have a Trust Wide email communication.	R and I Lead and Comms	July 2025
	Quarterly reporting to the EDI Steering Group. Continue to work with staff networks to address any concerns.	Associate Director of Recovery and Inclusion	May 2024
	Personalised email to go to Trust Board requesting ESR to be completed. Link and QR to be included for ease of accessibility.  <b><i>Next reporting period we want CPFT to have 0 unknown for the Trust Board via ESR on disability reporting.</i></b>	Associate Director for Recovery and Inclusion	July 2025
<b>Career Progression</b>	Ensure training opportunities for disabled and non-disabled staff are equitable. Consider appropriate coaching and mentoring support.	L&OD/EDI team	Jan 2025
	To continue to undertake the CPFT annual reverse mentoring programme which encourages staff with a disability, to be mentors.	EDI team/ Board and Senior Leaders	Currently underway- (June 2025)
	For the CDP Co-ordinator to analyse the number of disabled colleagues that apply and complete CPD opportunities both internally and externally.	CPD Co-ordinator	Sept 2025
	For the Coaching lead to monitor the uptake of coaching and mentoring opportunities for staff with protected characteristics.	Coaching Lead	Dec 2025
<b>Reasonable Adjustments</b>	Raise awareness of the Workplace Passport within CPFT and encourage all staff to complete this (not just disabled staff).	W2H	Mar 2025
	Work with HR team to promote the Workplace Passport part of the reasonable adjustments in Managers Induction.	W2H/HR/EDI	Mar 2025
	Continue to strengthen the work already established working with staff side representatives to identify and address gaps in support for disabled staff and to find ways of making improvements.	Staff side/EDI team/HR	Nov 2025

	Continue through the 'Compassion in Action Programme' support the reasonable adjustment training for line managers to ensure employees have the appropriate support to undertake their roles and to further promote the use of Workplace Passports.	EDI/HR/W2H/Compassion in Action Facilitator	Mar 2025
	Support the continual development of the Menopause support group/Menopause clinic with the support of Head to Toe and HR.	Menopause Support Group/EDI Team/ HR/ Staff Wellbeing team	Oct 2024
	Review of the existing staff menopause policy.	Menopause support group/ HR	Jan 2026
	Staff wellbeing team and R&I team to work together on a QI project to improve reasonable adjustments for staff.	Staff Wellbeing / HR / R&I teams	June 2025
	Co-produce a new reasonable adjustment policy for CPFT taking it through the ratification process.	Staff Wellbeing / HR / R&I teams	Dec 2025
<b>Staff Experience</b>	FTSUGs will continue to collate demographic data of colleagues raising concerns with the Guardians against the primary category of concerns they have raised and report this data in their 6-monthly reports. Next report due November 2025.	FTSUGs	November 2025
	Create an environment where staff feel able to speak up and raise concerns via the usual routes (FtSU, EDI, HR etc)	All	July 2025
	Monitoring by HR, FTSUG, Staff Wellbeing, EDI Teams at the enriching data triangulation meeting held quarterly to identify gaps and what works to close the gaps in disability equality.	All	Ongoing
	Further work to enhance the Datix reporting scorecard, to add the details of incidents in relation to disability harassment. Then ensure these are monitored and staff are supported.	Associate Director of Recovery and Inclusion and Datix	Dec 2025
	Raise awareness of the challenges faced by disabled staff. Showcase positive outcomes from initiatives undertaken by the W2H staff network/HR/staff wellbeing team.	W2H & R & I team	Ongoing

	To improve understanding and awareness of Neurodiversity and Hidden Disabilities. Putting on events, training and celebrating specific days across the year.	W2H & R & I team	Ongoing
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